OSPIV40535

Osipov

PTO/SB/01 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR** 

**DESIGN** 

Attorney Docket Number

**First Named Inventor** 

PATENT APPLICATION		COMPLETE IF KNOWN						
(37 CFR 1.63)		Application Number						
<b>✗</b> Declaration	Declaration	Filing Date						
Submitted OR with Initial	Submitted after Initial Filing (surcharge	Art Unit						
Filing	(37 CFR 1.16 (e)) required)	Examiner Name						
As the below named inventor, I hereby declare that:								
My residence, mailing address, and citizenship are as stated below next to my name.								
I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
A METHOD FOR TREATING PRIMARY GLAUCOMA CAUSED BY SPASM OF THE MERIDIONAL FIBERS								
(Title of the Invention)								
the specification of which								
is attached hereto								
OR  was filed on (MM/DD/YYYY)  as United States Application Number or PCT International								
Application Number	and was amended	d on (MM/DD/YYYY)		(if applicable).				
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not-Claimed	Certified Copy Attached? YES NO				
Additional foreign application pur	mhore are listed on a summin	,						
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 065 4-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to:   Customer Number or Bar Code Label  OR Correspondence address below								
021587 Name								
Address								
City	State	-	ZiP					
Country		Fax						
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor								
Given Name Vadim Family Name Osipov (first and middle [if any]).								
Inventor's VOS/pov  Signature  Date 6/30/03								
Brighton Residence: City	MA State	Count	US .	US Citizenship				
317 Summit Avenue #7 Mailing Address								
Brighton	MA State	ZIP	02135	US				
NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])	Family Name or Sumame							
Inventor's Signature Date								
Residence: City	State	Count	r <b>y</b>	Citizenship				
Mailing Address								
City	State	ZIP		Country				
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								